DoD Leader Guide and Postvention Checklist

Objectives

- Share ‘Lessons Learned’ from a leader who has experienced a death by suicide in their unit
- Review why deaths by suicide happen
- Keys to establishing post-suicide response
  - For the family of the deceased
  - For your unit
  - Sharing news of the suicide
  - Regarding social media
  - Memorial services
- Post-suicide considerations
- Additional resources

A Commander's Lessons Learned

- "When there was a suicide in my unit, I was flooded with help, offers, friends and families asking questions…not to mention leaders needing information immediately. What I learned was…"

- Keep your game face on and search for patience
- Always have your Service Dress ready
- Connect with Mental Health or Chaplain and vent daily
- Listen to other leaders who may have had a similar experience of a death by suicide during their command
- Get someone to watch you and offer feedback on how you're doing
- How your 'top cover' supports you is of immeasurable importance on how good, or how challenging, your response will be
- Any death places demands on a unit, consider assigning two Family Liaison Officers

Why Deaths by Suicide Happen

- Suicide is an *act* made by a person seeking relief from real or perceived pain
  - They likely were struggling with unresolved emotional, mental or physical disorders
  - They believed they were a burden due to their concerns
  - They believed they did not have *authentic connections* to others (despite appearances)
  - They developed fearlessness regarding self-death (those afraid of death/additional pain are less likely to kill themselves)
  - The decision may have been made while impaired by drugs or alcohol (often considered ‘impulsive’)
  - Or, the death was the result of a suicidal gesture, an attempt to bring attention to their pain, or possibly another goal. Such individuals may be experiencing ambivalence about their desire to die

Establishing Post-Suicide Response

- Following an announced death by suicide, there is a statistically higher risk in the community for additional suicides
- Providing a timely and appropriate post-suicide response not only helps restore the unit/family and community, it can reduce the risk of further suicide events ("suicide contagion")
- Successful post-suicide response:
  - Helps grieving family/friends understand what happened
  - Minimizes extreme responses and secondary problems in family/friends/unit managers
    - Deaths often re-awaken memories of prior losses which feel "real" again
- *Approximately 115 people are affected by one Suicide (Cerel, J., (2016). University of Kentucky*
- *Those exposed to Suicide are at a heightened risk to die by*

Post-Suicide Response for the Family

- For the family of deceased:
  - Obtain as much information as readily available about the family and event before notifying next of kin
  - Review installation specific notification protocols
  - Consider assigning two Family Liaison Officers
  - Fast track them to the services they feel will be helpful
  - Establish the relationship you'd like to have with the survivors (i.e., "I'd like to contact you every two weeks and ensure you're supported")
    - Be mindful that families may over rely on you for support, or have unrealistic expectations of your time/attention
    - Respect the wishes of those choosing to keep a purposeful distance from you
    - Engage them directly; ask if you can assist them, or if they prefer you contact them at a later time

Post-Suicide Response for the Unit

- Informing your unit:

Coordinate with Mental Health (MH) and Chaplains to have Traumatic Stress Response (TSR) team member(s) present when you inform your unit of the death

  - Inform your unit, in person, in an area where there's considerable privacy (if feasible)
  - In the rare event someone leaves the area due to their emotions, ensure a Service member follows up with the person in a timely manner

- **If word of the suicide has already spread, announce the mandatory meeting was called to discuss the "facts and rumors around a death"**
- Remind unit members that if they are contacted by the media, they should refer them to Public Affairs

Post-Suicide Response in Smaller Units

- Consider a separate meeting for the unit in which the death by suicide occurred
  - With smaller groups, focus the message on how you recognize the unit knew/worked with the deceased personally
- Invite 1-2 Chaplains, Mental Health, Employee Assistance Program (EAP) resources during the small group briefing
  - Total number of attendees should not outnumber the small group itself
- It is best, when possible, to brief the directly affected small group prior to the larger unit brief

Sharing the News

- Publicly disclose the death was by a “reported (or suspected) suicide”
  - Do not mention the method of the suicide or specifics more than ‘on’ or ‘off’ installation
- *It is a myth that talking about suicide will encourage more deaths by suicide*
  - However, incorrect communication risks glorifying the event, making suicide seem more common than it is, or providing details which encourage “copycats”
- Inform your unit (*and again later in writing*) their participation in rumors, conjecture, or blaming only complicates recovery for the family, friends, and the unit as a whole
- Express sadness at the Service’s loss and acknowledge the grief of the survivors
- Emphasize the unnecessary nature of suicide as alternatives are readily available
- Encourage all to seek assistance when distressed

Sharing the News (cont.)

- Remind everyone of the value of being a Service member and the need to assist personnel in distress by connecting them with resources
- Provide brief reminder of the warning signs for suicide risk
- Acknowledge that people will have a range of reactions
- Remain flexible, understanding, and kind to each other
- Follow your brief comments with time spent among your personnel and in their work areas
  - Use discernment when requesting senior leadership presence in the work areas along with you. If the leaders are favorably perceived by your personnel, their presence *should be encouraged*

Social Media

- It is possible the death is announced/discussed on social media sites even prior to the notification of the next of kin
- If social media is being used to report/discuss the death:
  - Discuss with senior leaders and the Judge Advocate General the appropriate means to have a posting to the social media
  - An example posting for Facebook:
    - "We here in (unit) share in your loss. If you're struggling with the news, there are lots of people and resources willing to help. Here is a list of resources in the (unit) area (insert appropriate contact info for your area). If you are outside our area, the 1-800-273-TALK crisis line is available nationally. Your local churches and mental health center can help you find additional nearby resources."

Memorial Services

- Consult with Chaplain and Mental Health provider
  - Consider adequacy of family sponsored memorial services prior to holding a unit-based memorial service (refer to your Service Policy)
    - This may avoid the unintended adulation of the event
    - Provide info on flowers or ‘in lieu of’ gifts
- Never create public memorial (plaques, trees, etc.)
- If funeral or memorial service is decided to be held:
  - Avoid idealizing deceased
  - Goals:
    - Comfort the grieving
    - Help the Survivors – Survivors experience a range of emotions including guilt, anger, relief, resentment, sadness, fear, rejection, help the deal with these emotions. survivors do not follow what we traditionally talk about as stages but can experience a range of emotions that can fluctuate
  - Address perceived stigma of getting help
  - Discuss how most overcome crisis and adversity and we are available to help each other accomplish that

Post–Suicide Considerations

- Maintain high visibility visits to the unit with intent to taper off to your routine pace by 30 days after death
  - Consider taking Mental Health provider and a Chaplain with you on walk around
- Be prepared for other unit issues to become heightened around 30 days
- As 30 days mark a key chronological milestone in recovery from a crisis, it is important to consider unit members will have mixed reactions regarding the passage of time
  - Some will view it as “time to move on”
  - Some will count it as an emotional anniversary of the event (but with lesser severity)
  - Some may be irritated over others’ lack of progress: “why hasn’t everyone moved on already?”
- Tailor your actions following the 30 day mark based on information you discern regarding health of the unit on recovery
- Anniversaries of the event are periods of increased risk--increase strength-base messaging

Additional Resources

- **Postvention Manual**
  - http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf
- **Suicide survivor resource**
  - http://www.suicidology.org/web/guest/suicide-loss-survivors
- **Tragedy Assistance Program for survivors (TAPS)**
  - http://www.taps.org/